Congressman David G. Valadao

Constituent Services Privacy Release Form

1. Please fill in all of the information:

Name: Social Security: Date of Birth:

Address: City, State   Zip Code:

Phone Number: Email:

2. Is this case on behalf of anyone else? (Circle one) Yes   No
If yes, please provide their information below:

Name: Social Security:

Address: Date of Birth:

Phone Number: Email:

3. Please complete the appropriate section below for Immigration Inquiries:

Petitioner: Gender *(Circle One)*   Beneficiary/Applicant: Gender *(Circle One)*
                     Male **/** Female   Male **/** Female

Case/Receipt   Type of Application:
Number:

Office where   Date Filed:
application is pending:

Passport Inquiries:

Application Date: Travel Departure Date:

Travel Destination: Passport Agency Location:

Congressman David G. Valadao

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Please briefly describe that which you are requesting assistance for: (Attach additional pages if necessary)

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5. Please sign and date:

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Valadao and/or his representative to request information from any Federal agency or department, including a Veteran Service Office, in attempting to answer my inquiry. I understand this authorization my include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms – including medical records or other documents or matters relative to my case.

_____

Print Name   Signature   Date

6. Please return this completed form to Congressman David G. Valadao at the address below:

<div align="center">

The Office of Congressman David G. Valadao
101 North Irwin Street
Suite 110 B
Hanford, California 93230
Phone: (559) 582-5526
Fax: (559) 582-5527

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